

Borough of Fair Haven Vol. Fire Company



Exposure Control Plan

Developed in Accordance with OSHA 29 CFR 1910.1030, Bloodborne Pathogens
Standard and 29 CFR 1910.120,
Access to Employee Exposure and Medical Records

Adopted: September 20, 1993
Revised: October 1, 2014
Revised: July 1, 2016
Revised: March 2, 2018



TABLE OF CONTENTS

	Page		Page
Introduction	3	• Appendix I	40
Policy	4	○ Fact Sheet – Personal Protective Equipment Cuts Risk	
Program Administration	5	• Appendix J	42
Exposure Determination	6	○ Fact Sheet – Reporting Exposure Incidents	
Effective Dates	7	• Appendix K	44
Exposure Control	8	○ Fact Sheet – Protecting Yourself When Handling Sharps	
• Methods of Implementation – Standard Precautions	8	• Appendix L	45
• Exposure Control Plan	9	○ Fact Sheet – Hepatitis B Vaccination – Protection For You	
• Engineering Controls & Work Practices	9	• Appendix M	47
• Personal Protective Equipment	10	○ Fact Sheet – Hepatitis C	
• Types of PPE	11	• Appendix N	50
• PPE Precautions	11	○ Fact Sheet – Holding the Line on Contamination	
• PPE Inventory, Location And Supply	12	• Appendix O	52
• Employee Training	13	○ Cleaning Schedule	
• Hepatitis B Vaccination	14	• Appendix P	53
• Post-Exposure And Follow-Up Evaluation	15	○ Hepatitis B Vaccine (Recombinant)	
• Healthcare Professional’s Written Opinion	16	• Appendix Q	82
• Procedures For Evaluating The Circumstances Surrounding An Exposure Incident	17	○ Regulated Medical Waste Generator Fact Sheet	
• Housekeeping	18	• Appendix R	91
• Sharps	18	○ OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens	
• Sharps Injury Log	19	• Appendix S	120
• Laundry	19	○ Website Resource List	
• Labeling	19	• Appendix T	125
• Handwashing Facilities	20	○ Sample Sharps Injury Log	
• Records Keeping	21	• Appendix U	126
Appendix Section	23	○ Guidelines for The Use of Safety Feature Evaluation Sheets	
• Appendix A	24	• Appendix V	143
○ Occupations At Risk		○ HIPAA Privacy Authorization Form	
• Appendix B	28		
○ Employee Education & Training Record			
• Appendix C	30		
○ Hepatitis B Vaccine Immunization Record			
• Appendix D	33		
○ Exposure Incident Report			
• Appendix E	35		
○ Request for Source Individual Evaluation			
• Appendix F	37		
○ Employee Exposure Follow up Record			
• Appendix G	38		
○ Information on Regulated Medical Waste			
• Appendix H	39		
○ Biohazard			



INTRODUCTION

In the course of duty as a Borough of Fair Haven Vol. Fire Company (FHFC) First Responder, there is a risk to be exposed to blood and other potentially infectious materials which may contain bloodborne pathogens such as Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B (HBV), and/or other bloodborne pathogens.

This Exposure Control Plan (ECP) was created to reduce and/or prevent the exposure of the first responders of the FHFC to bloodborne pathogens and to comply with State and Federal regulations. Recommendations from the Center for Disease Control (CDC) and National Fire Protection Agency (NFPA) 1581 are also used to further enhance the effectiveness of this ECP.

All FHFC first responders have occupational exposure to blood or other potentially infectious materials and must comply with the procedures and work practices as outlined in this ECP.

AIDS, HBV, and hepatitis C (HCV) warrant serious concern for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated nationally that more than 8 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Program (PEOSH) has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect New Jersey workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the HIV, hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne diseases. The OSHA estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone.

The standard requires that both employers and employees follow universal precautions or higher standards, which means that all blood or other potentially infectious materials must be treated as being infectious for HIV, HBV, and other bloodborne pathogens including hepatitis C.

Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an ECP, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.



POLICY



The Borough of Fair Haven Vol. Fire Company is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting the first responders of the Borough of Fair Haven Vol. Fire Company.

This ECP includes:

- Employee exposure determination.
- The procedures for evaluating the circumstances surrounding an exposure incident.
- The schedule and method for implementation of various methods of exposure control, including:
 - Methods of compliance.
 - Hepatitis B (HBV) vaccination and post-exposure follow-up.
 - Training and communication of hazards to employees.
 - Recordkeeping.
 - Standard Precautions.
 - Engineering and Work Practice Controls.
 - Personal Protective Equipment.
 - Housekeeping.
 - Recordkeeping.



PROGRAM ADMINISTRATION



The Borough of Fair Haven Vol. Fire Company (FHFC), through appointment by the Fire Department Chief, shall have a first responder of the FHFC serve as Borough of Fair Haven Vol. Fire Company Infection Control Officer (ICO).

The ICO is responsible for the implementation of the Exposure Control Plan (ECP). The ICO will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this ECP.

The ICO will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased. A housekeeping schedule will be delivered to the FHFC facility where the FHFC first responders shall be responsible for maintaining the FHFC facility.

The ICO will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

The ICO will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.

The Department Officer's and/or the ICO will maintain and provide all necessary personal protective equipment (PPE), engineering controls, labels and red bags as required by the standard. The ICO will ensure that adequate supplies of the aforementioned equipment are available.

The ICO will also serve as the designated person, pursuant to Public Law 101-381 ("Ryan White Act"), as liaison with the Healthcare Professionals and any governmental agencies for all matters regarding infection control, exposure evaluation, treatment and care.

The ICO shall evaluate and identify the need for changes in engineering control and work practices through regular review of OSHA records, committee activities, evaluation of new procedures or new products, and interviews with FHFC First Responders, including Fire Department Officers, First Aid Officers, Fire Police Officers and First Responders.

Borough of Fair Haven Vol. Fire Company
Infection Control Officer
Richard A. Brister Jr., Firefighter/EMT
rbrister@fhfd.org
(c) 732.904.7271



EXPOSURE DETERMINATION

All Borough of Fair Haven Vol. Fire Company (FHFC) first responders have occupational exposure to blood or other potentially infectious materials and must comply with the procedures and work practices as outlined in this Exposure Control Plan (ECP).

The following is a list of all job classifications in the FHFC in which there is occupational exposure:

- *First Responder*– Defined, for the purpose of the ECP, as all members of the FHFC engaged in all emergency response, training, administrative and support duties.
 - These include but are not limited to:
 - *Firefighters.*
 - *Fire Department Officers.*
 - *Emergency Medical Technicians (EMT).*
 - *Emergency Medical Responders (EMR).*
 - *First Aid Officers.*
 - *Fire Police Members.*
 - *Fire Police Officers.*
 - *Auxiliary Members.*
 - *Probationary Firefighters.**
 - *Cadet Firefighters.***

Exposure determination is made without regard to the use of Personal Protective Equipment (PPE).

NOTE:

*Probationary Firefighters (Firefighter Candidates) are members who have not been trained in first aid, have not completed Firefighter 1 training and work under restricted conditions.

Probationary Firefighters are excluded from the definition “All FHFC first responders have occupational exposure...” prior to completion of Firefighter 1 modules as defined in NJ Uniform Fire Code NJAC 5:73 - 4.1.

During the Firefighter 1 Module Training, the Initial Exposure Control Training will be provided to Firefighter candidates.

**Cadet Firefighters are members who have not been trained in first aid, have not completed Firefighter 1 training and work under restricted conditions.

Cadet Firefighters are excluded from the definition “All FHFC first responders have occupational exposure...” prior to completion of Firefighter 1 modules as defined in NJ Uniform Fire Code NJAC 5:73 - 4.1.

During the Firefighter 1 Module Training, the Initial Exposure Control Training will be provided to Firefighter candidates.



EFFECTIVE DATES



The Bloodborne Pathogens Standard was published in the New Jersey Register on July 6, 1993. The standard became operative on October 4, 1993. The dates for completing the different parts of the Standard were:

Exposure Control Plan	December 3, 1993
Recordkeeping	January 6, 1994
Information and Training	January 6, 1994
Methods of Compliance (Except Universal Precautions)	February 6, 1994
Hepatitis B Vaccination and Post-Exposure	
Evaluation and Follow-Up	February 6, 1994
Labels and Signs	February 6, 1994
PEOSH Revised Bloodborne	
Pathogens Standard Published in New Jersey Register	September 4, 2001



EXPOSURE CONTROL

METHODS OF IMPLEMENTATION & CONTROL

1.) STANDARD PRECAUTIONS

“**Universal Precautions**” is an approach to infection control in which human blood and *certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), and other bloodborne pathogens.*

“**Body Substance Isolation**” is approach to infection control in which *all blood, body fluids, secretions excretions (except sweat) non-intact skin, and mucous membranes may contain transmissible infectious agents.*

“**Standard Precautions**” is an approach to infection control that combines the major features of Universal Precautions and Body Substance Isolation. They are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in in any setting in which healthcare is delivered.

They are based on the principle that *all blood, body fluids, secretions, excretions (except sweat) non-intact skin, and mucous membranes may contain transmissible infectious agents.*

Standard Precautions exceeds the Universal Precautions and Body Substance Isolation by including a group of infection prevention practices that also apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. Standard Precautions includes the use of hand washing, appropriate personal protective equipment such as gloves, gowns, and masks, whenever touching or exposure to patients' body fluids is anticipated.

When there exists any risk of exposure to blood or body fluids, all Borough of Fair Haven Vol. Fire Company (FHFC) first responders will utilize Standard Precautions in accordance with:

- Centers for Disease Control (CDC) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Part III.A. *Standard Precautions*
- *Fair Haven Fire Department Standard Operating Guideline 103.13*

2.) EXPOSURE CONTROL PLAN

All FHFC first responders covered by the NJ PEOSH Revised *Bloodborne Pathogens Standard 29 CFR 1910.1030 (OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030)* are to receive an explanation of this Exposure Control Plan (ECP) during their initial training session.

The ECP will also be reviewed in an annual refresher training each year.

All FHFC first responders will have an opportunity to review this plan by contacting their Fire Department Officers, First Aid Officers, Fire Police Officers or the Infection Control Officer (ICO). If requested, the ICO will provide an employee with a copy of the ECP within fifteen (15) days of the request and free of charge.

The ICO is responsible for reviewing and updating the ECP annually or more frequently if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.



ENGINEERING CONTROLS & WORK PRACTICES

The engineering controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls include but are not limited to:

- Red Biohazard Bags for regulated waste/contaminated materials.

Work Practice:

- Borough of Fair Haven Vol. Fire Company (FHFC) is an organization that provides only basic life support and does not provide advanced Emergency Medical Services (EMS) therefore:
 - **There is a strict prohibition of handling needles.**
 - First Responders will refrain from handling sharps unless absolutely necessary.
 - Proper personal protective equipment (PPE) must be utilized as well as a mechanical means up to and including but not limited to a broom and dust pan.

Additional work practices will be used to prevent or minimize exposure to bloodborne pathogens. The work practices that will be used to prevent or minimize exposure to bloodborne pathogens include but are not limited to:

- Wide availability and required use of PPE.
- Use of Standard Precautions any and all time's exposure to blood or other potentially infectious materials (OPIM) is possible, probable and/or present.
- Strict Prohibition of handling sharps.
- Providing readily accessible hand washing facilities with soap and water at fixed Fire Company facilities.
- Providing readily accessible antiseptic towelettes at non-fixed sites (such as but not limited to training in the field, emergency scenes, etc.) until first responders are able to properly wash hands.
- Washing hands immediately/soon as feasible after removal of gloves
- Washing body parts as soon as possible after skin contact with blood or OPIM occurs.
- Equipment decontamination when contaminated with blood or OPIM occurs or as soon as feasible.
- Examining equipment that may become contaminated with blood or OPIM prior to placing it in service.
- Designated 'Cleaning Areas' for decontamination of equipment in the FHFC facility.
- Prohibition of eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in any work area where there is a likelihood of occupational exposure such as but not limited to:
 - Emergency Scenes.
 - Training areas.
- Prohibition of food and drink from being kept where blood or other potentially infectious materials are present.
- Placing waste of potentially infectious materials in a red biohazard bags which prevent leakage during collection, handling, processing, storage, transport or shipping.



3.) PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) refers to apparel that is designed to create a protective barrier against workplace hazards. PPE will be provided to Borough of Fair Haven Vol. Fire Company (FHFC) first responders and at the FHFC facility at no cost.

PPE must be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible.

While PPE is an important aspect of workplace safety, it should not be used as a substitute for engineering, work practice, and/or administrative controls. PPE should be used in conjunction with these controls. Defective or damaged personal protective equipment shall not be used and replaced.

Training will be provided to the FHFC via a certified training authority and/or the Infection Control Officer (ICO) in the use of the appropriate personal protective equipment for first responders and the tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate PPE is required for the following tasks; the specific equipment to be used is listed after the task:

<u>Task</u>	<u>Equipment</u>
Performing any and all firefighting duties.	Standard firefighting PPE including but not limited to: gloves, SCBA masks, boots, helmet, approved and maintained turnout gear, SCBA.
Performing first aid.	Standard first responder PPE including but not limited to: Gloves, Mask, splash protection.
Performing CPR.	Standard first responder PPE including but not limited to: Gloves, Mask, Bag Valve Mask, AED, splash protection.

FHFC provides the following on each primary apparatus:

- Gloves (various sizes) .
- Bag Valve Mask Adult and Pediatric.
- Red Biohazard Bags.
- Vionex Hand Wipes.



4.1) TYPES OF PPE:

- **Gloves**
 - Disposable gloves are not to be washed or decontaminated for re-use. They are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked, peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.
- **Eye and Face Protection**
 - Masks worn in combination with eye protection devices (such as goggles or face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose, or mouth.
 - Situations when eye and face protection is required include but not limited to:
 - Active arterial bleeding.
 - Active coughing.
 - Active vomiting.
 - Known/Suspected infection of respiratory contagion (such as Flu, Tuberculosis, etc.).
- **Other PPE**
 - Additional personal protective equipment (PPE) and clothing (such as air purifying respirators (APR), Tyvek suits, gowns, turnout gear, etc.) shall be worn in instances when gross contamination can reasonably be expected.

4.2) PPE PRECAUTIONS

All Borough of Fair Haven Vol. Fire Company (FHFC) first responders using PPE must observe the following precautions:

- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 - The decontamination procedure will consist of full washing with proper disinfectant as approved by the glove manufacturer included Environmental Protection Agency (EPA) registered disinfectant or a 1:100 Water/Bleach (household 3% Sodium Hypochlorite Aqueous solution).
 - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. (SCBA mask with APR).
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Remove PPE after it becomes contaminated, and before leaving the work area.
 - Used PPE may be disposed of in the approved red biohazard leak-proof bags provided by the Borough of Fair Haven Vol. Fire Company (FHFC) and the Infection Control Officer (ICO).



- Soiled or contaminated personal protective equipment (PPE) must be placed in an approved red biohazard bag.
- Never wash or decontaminate disposable gloves for reuse.
- When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.
- When washing hands with soap and water:
 - Wet hands first with water,
 - Apply an amount of product recommended by the manufacturer to hands,
 - Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
 - Rinse hands with water and dry thoroughly with a disposable towel.
 - Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
 - Use towel to turn off the faucet.

4.3) PPE INVENTORY, LOCATION AND SUPPLY

The stock of PPE will be located at the firehouse in a locked cabinet to be designated by the First Aid Officer's and/or the Infection Control Officer (ICO). A supply of PPE will be located on each apparatus and in the Borough of Fair Vol. Fire Company (FHFC) facility at a pre-determined location.

FHFC apparatus and the FHFC facility PPE inventory shall include at a minimum:

- Four (4) boxes of disposable, non-latex, nitrile gloves.
 - Small, Medium, Large and Extra Large size.
- Two (2) bag-valve masks – One (1) adult size and One (1) pediatric size.
- One (1) alcohol-based hand sanitizer bottle or box of towelettes that contains at least 60% alcohol.
- At least four (4) Large Red Bio-Hazard Bags.

When a need for replacement PPE arises, the first responder or department officer should contact a first aid officer and/or the ICO via e-mail or by phone so that replacement equipment can be distributed.



EMPLOYEE TRAINING



All Borough of Fair Haven Vol. Fire Company (FHFC) first responders who have occupational exposure to bloodborne pathogens receive Infection Control Officer (ICO) approved training conducted by:

A State of New Jersey certified training authority.

All FHFC first responders who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the revised standard.
- Explanation of our Exposure Control Plan (ECP) and how to obtain a copy.
- Explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials (OPIM), including what constitutes an exposure incident.
- Explanation of the use and limitations of engineering controls, work practices, and Personal Protective Equipment (PPE).
- Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- Explanation of the basis for PPE selection.
- Information on the hepatitis B (HBV) vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- Explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers with the person conducting the training session.

An Employee Education and Training Record (see Appendix B) will be completed for each employee upon completion of training. This document will be kept with the employee's training records.

HIGHLIGHTS OF TRAINING PROGRAM ELEMENTS

- Contents of revised standard.
- Epidemiology of blood Borne diseases.
- Exposure Control Plan.
- Job duties with exposure.
- Types of controls.
- Protective equipment.
- HBV vaccination program.
- Emergency procedures.
- Post-exposure procedures.
- Signs/labels/(color coding).
- Question and answer session.



HEPATITIS B VACCINATION

The Infection Control Officer (ICO) will provide training to all Borough of Fair Haven Vol. Fire Company (FHFC) first responders on Hepatitis B (HBV) vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The HBV vaccination series is available at no cost after training is completed and within ten (10) days of initial assignment to FHFC first responders identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series.
2. Antibody testing reveals that the employee is immune.
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (Appendix C). FHFC first responders who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept **confidential** at the FHFC Training Office in a secured file cabinet maintained by the ICO.

Vaccinations will be provided by:

Monmouth County Regional Health Commission Ocean Township, NJ.

Following the medical evaluation, a copy of the health care professional's 'Written Opinion' will be obtained and provided to the employee.

It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

HIGHLIGHTS OF HEPATITIS B VACCINATION OTHER REQUIREMENTS

- Participation in pre-screening is not a prerequisite for receiving the HBV vaccination.
- HBV vaccination provided even if employee declines but later accepts vaccine.
- Employee must sign statement when declining HBV vaccination.
- Vaccination administered in accordance with United States Public Health Service (USPHS) recommended protocol (See the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HBV, Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV) and recommendations for Post Exposure Prophylaxis (June 29, 2001/50 (RR11); 1-42 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>).
- HBV vaccination booster doses must be available to employees if recommended by USPHS.



POST-EXPOSURE AND FOLLOW-UP EVALUATION



Should an exposure incident occur, contact the infection control officer immediately. Each exposure must be documented by the employee on an “Exposure Report Form” (see Appendix D).

An immediately available **confidential** medical evaluation and follow-up will be conducted by a licensed medical practitioner from Riverview Medical Center, Red Bank, NJ or Jersey Shore University Medical Center, Neptune Twp., NJ depending on injury.

The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law.
- Obtain consent and test source individual's blood as soon as possible to determine Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) infectivity and document the source's blood test results.
- If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

Appendix D “Exposure Incident Report” and Appendix E “Request for Source Individual Evaluation” and Appendix F “Employee Exposure Follow-Up Record” will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendices will be maintained with employee's medical records.

Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

The Infection Control Officer (ICO) will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

New Jersey Law (N.J.S.A. 26-5C et. seq.) and Regulation (N.J.A.C. 8:57-2) requires information about Acquired Immune Deficiency Syndrome (AIDS), and HIV to be kept **confidential**. While the law requires reporting of positive HIV results to the State Health Department, the law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information **MUST** keep it confidential. Re-disclosure may occur **ONLY** with another authorized signed release.

If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.



HIGHLIGHTS OF POST EXPOSURE EVALUATION AND FOLLOW-UP REQUIREMENTS

- Documentation of exposure routes and how exposure incident occurred.
- Identification and documentation of source individual's infectivity, if possible.
- Collection and testing of employee's blood for Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) serological status (employee's consent required).
- Post-exposure prophylaxis when medically indicated.
- Counseling.
- Evaluation of reported illnesses.

HEALTHCARE PROFESSIONALS

The Infection Control Officer (ICO) will ensure that healthcare professionals responsible for employee's HBV vaccination and post-exposure evaluation and follow-up be given a copy of the Occupational Safety and Health Program (OSHA) Bloodborne Pathogens Standard as needed.

The ICO will also ensure that the healthcare professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident.
- route(s) of exposure.
- circumstances of exposure.
- if possible, results of the source individual's blood test; and,
- relevant employee medical records, including vaccination status.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The ICO will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HBV vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HBV vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our facility.



PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Infection Control Officer (ICO) will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time.
- Work practices followed.
- Description of the device being used (including type and brand).
- Personal protective equipment (PPE) or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- Location of the incident (Incident Scene, Emergency Room, patient room, etc.).
- Procedure being performed when the incident occurred.
- Employee's training.

The ICO will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log (Appendix T).

If it is determined that revisions need to be made, the ICO will ensure that appropriate changes are made to the Exposure Control Plan (ECP).

(Changes may include an evaluation of safer devices, adding Borough of Fair Haven Vol. Fire Company (FHFC) first responders to the exposure determination list, etc.).



HOUSEKEEPING



The Infection Control Officer (ICO) has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard. (See Appendix O).

Regulated waste is placed in red biohazard bag(s). If not available, regulated waste will be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

SHARPS

There is a strict prohibition of handling needles.

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

When moving sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers shall be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The procedure for handling sharps disposal containers is:

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

SHARPS INJURY LOG

A needle stick or sharps injury log (See Appendix T) shall be and shall include the following information for each incident:

- Period of time the log covers.
- Date incident is entered on the log.
- Date of incident.
- Type and brand of device involved.
- Department or area of incident.
- Description of incident.

The log shall be retained for five (5) years after the end of the log year.



LAUNDRY

Contaminated articles will be laundered at:

A Facility approved by the Chief of the Fire Department

Laundering will be performed as needed by the firefighter(s), fire department officer(s), or the first responder(s) as needed.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- Use red bags or bags marked with biohazard symbol for this purpose.
- Gloves must be worn when handling and/or sorting contaminated laundry.

LABELING

The following labeling method(s) is used in this facility:

**Any and all contaminated gear is to be placed,
while using Standard Precautions,
in a red, biohazard bag.**

The Infection Control Officer (ICO) will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Borough of Fair Haven Vol. Fire Company first responders are to notify the ICO if they discover regulated waste containers, bagged contaminated equipment, etc. without proper labels.



HAND WASHING FACILITIES



Hand washing facilities shall be made available and readily accessible to all first responders who may incur exposure to blood or other potentially infectious materials.

When and where hand washing facilities are not feasible, Vionex Hand towelettes are to be utilized.

When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Such events and areas include but are not limited to:

- During the response to, operation at, and returning from an emergency scene, antiseptic hand cleansers or towelettes will be used.
- During training on training ground or destination training area/facility, antiseptic hand cleansers or towelettes.

When these alternatives are used, first responders will wash their hands with soap and running water as soon as feasible.



RECORDKEEPING



MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Infection Control Officer (ICO) is responsible for maintenance of the required medical records.

These **confidential records** are kept at the Borough of Fair Haven Vol. Fire Company (FHFC) Training Office in a secured file cabinet for at least the duration of employment, plus thirty (30) years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days.

Requests should be addressed to:

Borough of Fair Haven Vol. Fire Company
Infection Control Officer
Richard A. Brister Jr.
RBrister@fhfd.org
732.904.7271

TRAINING RECORDS

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the FHFC Training Office.

The training records include:

- Date(s) of the training session(s).
- Content and/or summary of training session(s).
- Names of instructor(s).
- Names and job titles of all people attending training session(s).

Employee training records are provided upon request to the employee or the employee's authorized representative within fifteen (15) working days.

Requests should be addressed to:

Borough of Fair Haven Vol. Fire Company
Infection Control Officer
Richard A. Brister Jr.
RBrister@fhfd.org
732.904.7271
Or designee.



TRANSFER OF RECORDS

If the Borough of Fair Haven Vol. Fire Company (FHFC) ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

MEDICAL RECORDS

Highlights of Medical Records:

- Employee name and social security number.
- Employee Hepatitis B (HBV) vaccination status.
- Medical testing and post-exposure follow-up results.
- Healthcare Professional's written opinion.
- Information provided to the healthcare professional.

TRAINING RECORDS

Highlights of Training Records:

- Training dates.
- Training session content or summary.
- Names and qualifications of trainers.
- Names and job titles of all trainees.

OSHA RECORDKEEPING

Any and all exposure incident(s) will be evaluated to determine if it meets the "Recording and Reporting Occupational Injuries and Illness" OSHA 29 CFR 1904.4 "Recording Criteria."

This determination and the recording activities are done by:

Borough of Fair Haven Vol. Fire Company

Infection Control Officer

Richard A. Brister Jr.

RBrister@fhfd.org

732.904.7271

Or designee.

APPENDIX SECTION



OCCUPATIONS AT RISK

Some occupations that may involve risk from occupational exposure to blood or other potentially infectious material:

- | | |
|-------------------------------------|---|
| < Physician | < Medical Technologist |
| < Physician's Assistant | < Regulated Waste Handler |
| < Nurse | < Some laundry and housekeeping employees |
| < Phlebotomist | < Industrial Medical Center Personnel |
| < Medical Examiner | < Lab Workers |
| < Emergency Medical Technician (EM) | < Life Guards |
| < Supervisor (performing first-aid) | < Firefighters |
| < Dentist | < Corrections Officers |
| < Dental Hygienist | < Police |

DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). (This includes hepatitis C (HCV) virus.)
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Engineering Controls** - means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the Bloodborne pathogen hazard from the workplace.
- E. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- F. **Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

G. Other Potentially Infectious Materials (OPIM)

1. The following human body fluids:
 - e. semen
 - f. vaginal secretions
 - g. cerebrospinal fluid
 - h. synovial fluid
 - i. pleural fluid
 - j. pericardial fluid
 - k. peritoneal fluid
 - a. amniotic fluid
 - b. saliva in dental procedures
 - c. any body fluid visibly contaminated with blood
 - d. all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. All body fluids in situations where it is difficult or impossible to differentiate between body fluids;
3. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
4. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
5. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

H. Regulated Waste –

1. Liquid or semi-liquid blood or OPIM;
 2. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
 3. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
 4. Contaminated sharps; and
 5. Pathological and microbiological wastes containing blood or OPIM.
- I. **Universal Precautions** - an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.



FAIR HAVEN VOL. FIRE COMPANY No. 1

EMPLOYEE EDUCATION & TRAINING RECORD



Name of Employee	Date of Hire
Job Title	Date Assigned

INITIAL TRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE
a. The Standard				
b. Epidemiology & Symptoms of Bloodborne Diseases				
c. Modes of Transmission				
d. Exposure Control Plan				
e. Recognizing Potential Exposure				
f. Use & Limitations of Exposure Control Methods				
g. Personal Protective Equipment (PPE)				
h. Selection of PPE				
i. HBV Immunization Program				
j. Emergencies involving Blood or Potentially Infectious Materials				
k. Exposure Follow-up Procedures				
l. Post Exposure Evaluation and Follow-up				
m. Signs & Labels				
n. Opportunity to Ask Questions				

ADDITIONAL EDUCATION

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE

For additional space, please use back of form.

ANNUAL RETRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE

For additional space, please use back of form.



FAIR HAVEN VOL. FIRE COMPANY No. 1

HEPATITIS B VACCINE STATEMENT



CONFIDENTIAL

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered on:

Elected Dates:

First: _____

One Month from Elected Date: _____

Six Months from Elected Date: _____

Name of Employee (F,M,L,S): _____

Social Security Number: _____

Date of First Dose: _____

Date of Second Dose: _____

Date of Third Dose: _____

Antibody Test Results – Pre-Vaccine (Optional): _____

Antibody Test Results – Post-Vaccine (Optional): _____

Time Interval Since Last Injection: _____

Signature of Employee: _____

Date: _____

OCC-6
JAN 13



FAIR HAVEN VOL. FIRE COMPANY No. 1

HEPATITIS B VACCINE STATEMENT



Name (First, MI, Last, Suffix)		DFS / Training Numbers / EMT		Job Title	
Phone Number(s)		Date of Birth (mm/dd/yyyy)	S-S-N	Department	
Home:					
Cell:	Work Email			Supervisor	
Work:					

CONFIDENTIAL

Please select and complete one (1) of the applicable sections below:

I. "I CHOOSE TO RECEIVE THE HEPATITIS B VACCINE"

Employee Signature	Date
--------------------	------

II. "I DECLINE THE HEPATITIS B VACCINE"

Hepatitis B Vaccination Declination Statement

"I _____ understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge* to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge* to myself."

I have read and understand the above statement and I am declining the hepatitis B vaccine:

Employee Signature	Date
Infection Control Officer Signature (or appropriate witness)	Date

This 'Declination Statement' for the hepatitis B vaccine is provided in accordance with Bloodborne Pathogens Standard in accordance with Occupational Safety and Health Administration. The link to this regulation: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10052

III. "I HAVE COMPLETED THE HEPATITIS B VACCINE SERIES"

"To the best of my knowledge, I have completed the hepatitis B vaccine series. If I cannot provide records of these vaccinations, I understand that I may need to repeat the vaccine series unless I decline the vaccination (as in option II above) or show proof of immunity from a titer obtained after completion of my original vaccine series.

Dose 1 Date	Dose 2 Date	Dose 3 Date	Titer Results and Date
Adm. By	Adm. By	Adm. By	
Employee Signature			Date



FAIR HAVEN VOL. FIRE COMPANY No. 1

OFFICE OF TRAINING
645 RIVER ROAD
FAIR HAVEN, NJ 07704
www.fhfd.org



I, _____ have received an explanation of, and how to review the Borough of Fair Haven Vol. Fire Company Exposure Control Plan (ECP.) I will comply with the procedures and work practices as outlined in the plan.

Initial

I, _____ understand that due to my risk of occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus infection. In accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030, I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge* to myself.

Initial

I, _____ also understand that I can decline the Hepatitis B vaccination and continue to be at risk of acquiring the hepatitis B virus, a serious disease. I was explained that if I do choose to decline, that at any point in the future if I continue to have occupational exposure to blood or other potentially infectious materials and I wanted to be vaccinated with the hepatitis B vaccine, I could receive the vaccination series at no charge* to myself.

Initial

First Responder (Print Name)

Infection Control Officer/Witness (Print Name)

First Responder Signature

Infection Control Officer/Witness Signature

Date

Date



FAIR HAVEN VOL. FIRE COMPANY No. 1



EXPOSURE INCIDENT REPORT (Routes and Circumstances of Exposure Incident) Please Print

Date Completed: _____

Employee's Name: _____ SS# _____ - _____ - _____

Home Phone: _____ Business Phone: _____

DOB: _____ Job Title: _____

Employee Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ am pm

Location of Incident (Home, Street, Clinic, etc.) Be Specific: _____

Nature of Incident (Auto Accident, Trauma, Medical Emergency) Be Specific: _____

Describe what task(s) you were performing when the exposure occurred. Be Specific: _____

Were you wearing personal protective equipment (PPE)? Yes No

If Yes, list: _____

Did the PPE fail? Yes No

If Yes, explain how: _____

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be Specific: _____



FAIR HAVEN VOL. FIRE COMPANY No. 1



EXPOSURE INCIDENT REPORT (Continued)

What part(s) of your body became exposed? Be specific: _____

Estimate the size of the area of your body that was exposed: _____

For how long? _____

Did a foreign body penetrate your body (needle, nail, auto part, dental wires, etc.)? Yes No

If Yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes No

If yes, what fluid? _____ How much? _____

Did you receive medical attention? Yes No

If yes, where? _____

When? _____

By Whom? _____

Identification of source individual(s) _____

Name(s) _____

Did you treat the patient directly? Yes No

If yes, what treatment did you provide? Be specific: _____

Identification of source individual(s): _____



FAIR HAVEN VOL. FIRE COMPANY No. 1



REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear **(Emergency Room Medical Director, Infection Control Practitioner)**:

During a recent transport of a patient to your facility, one of our pre-hospital care providers was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our pre-hospital care worker is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentially assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,
Richard A. Brister, Jr.

Fair Haven Vol. Fire Company No. 1
Infection Control Officer

OCC-3
NOV13



FAIR HAVEN VOL. FIRE COMPANY No. 1



CONFIDENTIAL

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee: _____

Name of Medical Provider Who Should be Contacted: _____

Phone Number of Medical Provider: _____

Incident Information

Date: _____

Individual Who is the Source of the Exposure:

Name or Medical Record Number: _____

Nature of the Incident

- Contaminated Needle Stick Injury
- Blood or Body Fluid Splash onto Mucous Membrane or Non-Intact Skin
- Other: _____

Report of Source Individual Evaluation

Chart Review By: _____ Date: _____

Source Individual

Unknown – Researched By: _____ Date: _____

Testing of Source Individual's Blood : **Consent:** Obtained Refused

Check One:

- Evaluation of the source individual reflected no known exposure to Bloodborne Pathogens.
- Evaluation of the source individual reflected known exposure to Bloodborne Pathogens.
- Evaluation of the source individual reflected possible exposure to Bloodborne Pathogens and medical follow-up is recommended.
- Identification of source individual infeasible or prohibited by state or local law.

Name or Person

Completing Report: _____ Date: _____

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without written consent of the source individual.



FAIR HAVEN VOL. FIRE COMPANY No. 1



CONFIDENTIAL

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name: _____ Job Title: _____

Occurrence Date: _____ Reported Date: _____

Occurrence Time: _____ am pm

SOURCE INDIVIDUAL FOLLOW-UP

Request Made to: _____

Date: _____ Time: _____ am pm

EMPLOYEE FOLLOW-UP

Employee's Health
File Reviewed By: _____ Date: _____

Information Given on Source Individual's Blood Test Results: Yes Not Obtained

Referred to Healthcare Professional with Required Information

Name of Healthcare Professional: _____

By Whom: _____ Date: _____

Blood Sampling/Testing Offered

By Whom: _____ Date: _____

Vaccination Offered/Recommended

By Whom: _____ Date: _____

Counseling Offered

By Whom: _____ Date: _____

Employee Advised of Need for Further Evaluation of Medical Condition

By Whom: _____ Date: _____

CONFIDENTIAL

HIPAA PRIVACY AUTHORIZATION FORM

****Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

****1. Authorization****

I authorize _____ (healthcare provider) to use and disclose the protected health information described below to _____ (individual seeking the information).

****2. Effective Period****

This authorization for release of information covers the period of healthcare from:

a. _____ to _____.

****OR****

b. all past, present, and future periods.

****3. Extent of Authorization****

a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

****OR****

b. I authorize the release of my complete health record with the exception of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

CONFIDENTIAL

HIPAA PRIVACY AUTHORIZATION FORM (Continued)

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient

Date